



460191



0311265008

**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT**

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
14D	980905350

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) <u>GEMINI LEASING (RITE-WAY TRUCKING)</u>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <u>6201 S. EAST AVENUE</u>			
03 CITY <u>HODGKINS</u>	04 STATE <u>IL</u>	05 ZIP CODE <u>60525</u>	06 COUNTY <u>COOK</u>	07 COUNTY CODE <u>031</u>	08 CONG DIST <u>5</u>
09 COORDINATES LATITUDE <u>41 46 40.0</u>		LONGITUDE <u>087 51 28.0</u>		BERWYN (7.5) QUAD	
10 DIRECTIONS TO SITE (Starting from nearest public road) <u>I-55 NORTH TO LAGRANGE ROAD, NORTH TO 67TH STREET, EAST TO EAST AVE, NORTH TO SITE, APPROXIMATELY 1/2 - 3/4 MILES.</u>					

III. RESPONSIBLE PARTIES

01 OWNER (if known) <u>GEMINI LEASING (RITE-WAY TRUCKING)</u>		02 STREET (Business, mailing, residential) <u>6201 S. EAST AVENUE</u>			
03 CITY <u>HODGKINS</u>	04 STATE <u>IL</u>	05 ZIP CODE <u>60525</u>	06 TELEPHONE NUMBER <u>(312) 352-9290</u>		
07 OPERATOR (if known and different from owner) <u>SAME</u>		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE <u>3/31/83</u> MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input checked="" type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input checked="" type="checkbox"/> F. OTHER: <u>ILL. ATTORNEY GENERAL'S OFFICE</u> (Specify) CONTRACTOR NAME(S): <u>MID-AMERICA ENVIR. SERVICES</u>			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR <u>1984</u> <input type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT KNOWN OR ALLEGED

INORGANICS (CYANIDE) - (TOXIC, PERSISTANT, INCOMPATIBLE)
HEAVY METALS - (TOXIC, PERSISTANT)

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

GROUNDWATER (POLLUTION/ENVIRONMENT)
SURFACE WATER (POLLUTION/ENVIRONMENT)

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
---	--	--	--

VI. INFORMATION AVAILABLE FROM

01 CONTACT <u>HARRY MONTGOMERY</u>	02 OF (Agency Organization) <u>GEMINI LEASING REP.</u>		03 TELEPHONE NUMBER <u>(312) 352-9290</u>	
04 PERSON RESPONSIBLE FOR ASSESSMENT <u>KENNETH W. CORKILL</u>	05 AGENCY <u>IEPH</u>	06 ORGANIZATION <u>RDPA'S</u>	07 TELEPHONE NUMBER <u>217 782 6761</u>	08 DATE <u>2 25 87</u> MONTH DAY YEAR

NUMBER
105350



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
14D	980905350

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 <input checked="" type="checkbox"/> A. GROUNDWATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: <u>51,662</u>	04 NARRATIVE DESCRIPTION
CONTAMINATION COULD OCCUR IF RAINWATER WERE TO ENTER THE TRAILERS, MIX WITH THE FILM CHIPS, LEAK ONTO THE GROUND & INTO THE SOIL & GROUNDWATER. IT DOES NOT SEEM LIKELY HOWEVER THAT CONTAMINATION WOULD REACH THE GROUND WATER TABLE	

01 <input checked="" type="checkbox"/> B. SURFACE WATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: <u>0</u>	04 NARRATIVE DESCRIPTION
PUDDLES FORM ON THE GROUND SURFACE ON-SITE AFTER RAIN EVENTS OR SNOW MELT OCCURS. LEAKAGE COULD OCCUR FROM THE TRAILERS & RUN INTO THE PUDDLES, BUT NO OFF-SITE RUN-OFF HAS BEEN NOTED. (NO INTAKES WITHIN 2 MI. DOWNSTREAM OF SITE.)	

01 <input type="checkbox"/> C. CONTAMINATION OF AIR	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION

01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION

01 <input type="checkbox"/> E. DIRECT CONTACT	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION

01 <input checked="" type="checkbox"/> F. CONTAMINATION OF SOIL	02 <input checked="" type="checkbox"/> OBSERVED (DATE: <u>5-13-83</u>) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
03 AREA POTENTIALLY AFFECTED: <u>1/2-1</u> (ACRES)	04 NARRATIVE DESCRIPTION
BLUE & BROWN COLORED LIQUID WAS NOTICED ON THE GROUND UNDER A NUMBER OF TRAILERS ON-SITE. VARIOUS PUDDLES HAD FORMED. THERE WAS NO EVIDENCE HOWEVER, THAT THERE WAS ANY OFF SITE MIGRATION.	

01 <input checked="" type="checkbox"/> G. DRINKING WATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: <u>29,022</u>	04 NARRATIVE DESCRIPTION
GROUNDWATER IS USED IN 5 OF THE 11 COMMUNITIES WHICH ARE WITHIN A THREE MILE RADIUS OF THE SUBJECT SITE. THE OTHER COMMUNITIES ARE SERVED BY WATER FROM LAKE MICHIGAN.	

01 <input checked="" type="checkbox"/> H. WORKER EXPOSURE INJURY	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
03 WORKERS POTENTIALLY AFFECTED: <u>VARIOUS (2-10)</u>	04 NARRATIVE DESCRIPTION
ANYONE WORKING NEAR THE TRAILERS HAS THE POTENTIAL OF BEING AFFECTED, BOTH COMPANY EMPLOYEES & CLEAN-UP CREWS.	

01 <input type="checkbox"/> I. POPULATION EXPOSURE INJURY	02 <input type="checkbox"/> OBSERVED (DATE: _____) <input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION

Executive Summary

Gemini Leasing Company (Rite-Way Trucking) is located at 6201 South East Avenue in Hodgkins, Illinois. Owner location and site are one in the same.

The site occupies approximately 3 acres in the SE 1/4, SE 1/4 of Section 16, Township 38 North, Range 12 East in Cook County. The only structure on site is an office building. The building is actually adjacent to the site on the north. Also occupying this site are a number of semi-trailers, 26 of which had, at one time, been loaded with plastic film chips processed at Film Recovery Systems in Elk Grove Village. The trailers involved were leased by F.R.S., loaded with cyanide contaminated film chips (30 ppm) and returned to Gemini and stored on site. The trailers, being subjected to the elements, had some leakage but no major spills were found. No off site migration was noted.

Film Recovery Systems business was that of silver recovery from photographic and x-ray negatives. The chopped-up film was processed through a cyanide solution to remove silver then wased in a cyanide destruct solution containing water and sodium hyprochlorite and removed from the plant.

The amount of chips located at this site was only a portion of the total amount of 6 million pounds located at various sites in Cook County.

The chips remained at this site until they were removed to a former strip mine area on the outskirts of Canton, Illinois.

This site is given a low priority due to lack of gross contamination, even though the chips themselves, the processes involved, the quantity and the poor management and "housekeeping" practices were hazardous in nature.

KC:rmi/1678g/62

FILM RECOVERY SITES

GEMINI LEASING (RITENAY) (HODGKINS)

CHI	GAS H ₂ O		1986	WITHIN 3 AM
			TEAL POP	POP AFFECTED
✓	✓	LYONS	9925	- 9925
✓		1/2 BRAXFIELD	19,395	- 9,698
✓		MCCOOK	303	- 303
✓		1/5 SUMMIT	10,110	- 2,022
✓		HODGKINS	2005	- 2005
✓		COUNTRYSIDE	6538	- 6,538
✓	✓	4/5 LAGRANGE	15,445	- 12,356
✓		1/10 LAGRANGE PARK	13,359	- 1,336
✓		1/4 WESTERN SPRINGS	12,876	- 3,219
✓		3/4 INDIAN HEAD PARK	2,915	- 2,186
✓		1/2 WILLOW SPRINGS	4,147	- 2,074
			51,662	

